



TRIP REPORT 910

Pharmacy, Family Planning and Infectious Disease Activities in Kazakhstan and Kyrgyzstan

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1.0 EXECUTIVE SUMMARY

Significant progress was made on implementing the Family Planning and Infectious Disease Training Programs into the Family Group Practices (FGP). Training focused on FGP doctors, but also included nurses and feldshers (rural health care workers) when practical. In addition, work in Rational Pharmacy Management progressed, with some newly developed training for nurses developed. Dissemination of drug formulary and generic/brand name drug materials continued.

Major products included:

- *Family Planning Survey Report for Issyk-Kul Oblast, Kyrgyzstan; and Zhezkazgan and Satpaeva Cities, Kazakstan*
- *Pricing and Availability of Essential Drugs in Kazakstan Pharmacies Report;*
- *Generic and Brand Name Drug Booklet; and*
- *Drug Information Book for Primary Care Formulary, Issyk-Kul Oblast (at printer)*

Certain activities planned to take place during this consultancy had to be postponed because of the contract cap on expenditures during the month of October. This affected some family planning seminars, and caused some delays in the ARI training program and in procurement of training materials. Also, the Kazak Ministry of Health (MOH)¹ was officially changed into the Committee of Health and put under the auspices of a new Ministry of Culture, Education and Health. This delayed and added uncertainty to several projects that were being done in collaboration with the MOH.

2.0 BACKGROUND

To address the problem of reduced availability and high cost of pharmaceuticals, the *ZdravReform*² Program plan was to improve the system of pharmaceutical distribution in Kazakstan through privatization. The components of the pharmaceutical program were 1) privatization of retail and wholesale pharmacies; 2) post-privatization support of pharmacies; 3) adoption of a national essential drug list; 4) development of a drug information system; and 5) development of national, oblast and facility-specific formularies. The privatization program was completed in early 1997 and there will be no further work in this area, except for the following:

- **It was deemed important to monitor the dissemination of the Drug Information Books to the country, to ensure completion of this project.**
- **The pricing survey needed to be completed.**
- **The formulary acceptance process continues to be monitored.**
- **More health education material needed to be developed to increase the acceptance of the essential drug list and the use of international drug names.**

¹ Because the MOH's change in name and status occurred in the middle of the consultancy and, for sake of continuity, the acronym MOH will be used to designate the former Ministry, now "Committee."

² The *ZdravReform* program is funded by USAID, with Abt Associates, Inc. as the prime contractor.

To address the issue of health care inefficiency, *ZdravReform* planned to shift resources from the hospital sector to a reorganized system of primary care consisting of independent primary care practices (FGP). The new primary care practices were to be strengthened clinically and organizationally. The need to promote clinical training in the FGP led to inclusion of Family Planning and Infectious Disease programs, dedicated to incorporating modern clinical training into the FGP. The other major benefit of increasing the acceptance of these primary care activities in the FGP is in moving away from a vertical program to a comprehensive program of primary care. Therefore, one of this consultant's task during these past months was to begin implementation of programs which will:

- **Introduce family planning into the newly formed FGP and publicize that the FGP is now a source of family planning assistance.**
- **Train family doctors in a modern clinical method of assessing and treating Acute Respiratory Infection/Childhood Diarrheal Diseases (ARI/CDD).**

3.0 OBJECTIVES

The scope of work and major outputs of the consultancy were as follows:

1. Continue implementation of Family Planning/Reproductive Health Project into the FGP in Zhezkazgan;
2. Continue implementation of the ARI/CDD portion of the Infectious Disease project into Karaganda oblast and Issyk-Kul oblast by collaborating with BASICS and other donors; and in Almaty city and Bishkek, continue collaboration with Project HOPE and CDC in implementing a tuberculosis (TB) pilot;
3. Disseminate international/generic/brand name booklet to the FGPs;
4. Continue monitoring formulary acceptance; and
5. Develop drug information book to complement primary care formulary for Karakol FGPs.

4.0 FINDINGS AND RECOMMENDATIONS

4.1 Continue implementation of Family Planning/Reproductive Health Project into FGPs in Kazakhstan sites (Zhezkazgan, Semipalatinsk, Karaganda) and in the Kyrgyzstan site (Karakol city, in Issyk-Kul oblast)

Background: Family Planning is a logical component of family group practices. Primary care is the first step in access for many couples of reproductive age and thus educating both the family doctors and the public is an important step to increase acceptance of family planning in the FGP.

Activities and results: The activities are following the Family Planning Program submitted to USAID in July 1997. The contract cap, which necessitated suspension of activities in October, had impact on the work, but only in the sense of delaying activities, not the overall plan of action. In the interest of complete reporting on the Family

Planning Program, all activities are reported which have occurred since the approval of the Family Planning Program plan. The consultant was directly involved in the planning and implementing of all activities, except the AVSC which was directly funded.

Kazakhstan:

- In Zhezkazgan, a seminar on Client Rights, Update on Counseling Skills, and case studies was presented as part of a collaboration with International Planned Parenthood Federation (IPPF), the Zhezkazgan Family Practice Association and *ZdravReform*. (August 1997).
- Two additional seminars, with IPPF, were arranged for Semipalatinsk and Karaganda (November 1997). These seminars however had to be cancelled at the last minute due to the contract cap but will be rescheduled in early 1998.
- AVSC (under separate funding) did its planned five-day seminars with the Family Group Practices in Semipalatinsk and Karaganda (September and October 1997), and these seminars received very positive reviews from the participants. In addition, AVSC supplied IUD kits to some participants (though not in sufficient quantities to meet all the needs for supplies and equipment). AVSC also did a five-day seminar in Zhezkazgan City (April 1997), and supplied some IUD kits and gooseneck lamps. These sites were selected because of *ZdravReform*'s work in those cities and oblasts.
- Lead trainers from Semipalatinsk and Zhezkazgan were sponsored by *ZdravReform* at the AVSC Trainer of Trainer conference in Almaty (July 1997). These doctors are now certified to do training in family planning.
- *ZdravReform* participated in the National Conference on Reproductive Health, Kazakhstan (July 1997), and invited (and paid transportation costs for) the Zhezkazgan Family Practice Association president to present a speech, in *ZdravReform*'s time slot, on the incorporation of family planning into the FGP.

Kyrgyzstan:

- In Karakol, *ZdravReform* hired JHPIEGO-trained trainer Dr. Musuraliev to train over 100 family doctors in family planning counseling, modern contraceptive use, and didactic training in IUDs. The two-and-a half day program was highly successful, with role games and IUD model insertion practice in small groups (July 1997). This session was repeated three more times over a two-week period. Certificates were given to all participants. (Note: certificates were issued in the name of USAID/*ZdravReform*, the local Department of Health (DOH), and the trainer, who is also the Obstetric Chair of the Kyrgyz Medical Academy.)
- JHPIEGO's "Brief Manual on Reproductive Health and Contraceptives" was purchased by *ZdravReform* and distributed to all 83 FGPs. (September 1997)
- A Lead Family Planning Trainer was sponsored by *ZdravReform* at the AVSC Trainer of Trainer conference in Almaty (July 1997). This doctor is now certified to do training in family planning.
- Nurses Training seminars started December 13 for the FGP nurses in Karakol. These will be two-day seminars, held on three weekends and led by the lead trainer from the FGP, a physician, and a nurse midwife, who just returned from an AVSC training seminar in Bishkek. This is very exciting, since some of these nurses have never

before received training on this topic. It is planned that they will be able to provide valuable support in the FGPs as well as being resource people for their neighborhoods.

- The Family Planning Survey for two sites in Issyk-Kul oblast was analyzed and completed. A section concerning the Zhezkazgan survey pretest was included in this report.³ It was translated into Russian and distributed to the Family Practice Association and the local health department of the surveyed areas.

On-going activities:

- The publicity campaign for the general public was suspended for the period of the contract cap. It will be resumed in spring. Some work was done on locating and developing appropriate brochures. Brochures “It’s Your Choice” were developed by IPPF specifically for the FGP. *ZdravReform* paid for the brochures and distributed them. These brochures are given to women before their appointment with the doctor to open up communication. In addition, *ZdravReform* is setting up a collaboration with Pathfinder to purchase all-method brochures to distribute to the FGPs in spring as part of health promotion activities.
- The contraceptive commodity order was unfortunately delayed. The order was re-submitted to USAID and it is hoped it will be approved and the contraceptives shipped in early spring. Meanwhile, Gedeon Richter Drug Company donated a small quantity of oral contraceptives to the Semipalatinsk Family Practice Association and the Zhezkazgan Family Practice Association.
- In Kyrgyzstan, a national data collection form for a nationwide database was developed by *ZdravReform* in collaboration with the MOH. This form now includes codes for various obstetrical/gynecological visits, including provision of contraception. Two boxes have been added to the form, with appropriate codes, asking about contraceptive method before the doctor visit and after the doctor visit. Computerized reports need to be developed. In Kazakhstan, work is continuing on the database model for FGPs in Zhezkazgan.
- Equipment grant applications from the Zhezkazgan and Issyk-Kul Family Practice Associations were reviewed, revised, and will be submitted to the Grant Committee by the end of December for final review and approval. Grants are expected to be given early next year.
- In February, *ZdravReform* will invite a JHPIEGO-trained local trainer to assist the Zhezkazgan local trainer in setting up a training program for the FGP doctors. It has been determined that the local trainer needs some assistance because she is not full-time. This will ensure that more of the Zhezkazgan Family Practice Association doctors are trained in counseling skills and modern contraceptives; the training will focus on doctors who have not received much other training.
- Incorporation of family planning messages into a health care reform video is now planned for early 1998.

³ **Family Planning Survey Report for Issyk-Kul Oblast, Kyrgyzstan, and Zhezkazgan and Satpaeva Cities, Kazakhstan** by Hafner, Asankhodzhaeva, Sturova, and Ibragimov, October 1997, was submitted to USAID and to Abt Associates, Inc, Bethesda, in November 1997 and is not included in this trip report

- Monitoring and evaluation activities for the family planning program need to be reworked and improved.

4.2 Continue implementation of the ARI/CDD portion of the Infectious Disease project into Karaganda oblast and Issyk-Kul oblast by collaborating with BASICS and other donors, and in Almaty City and Bishkek, continue collaboration with Project HOPE and CDC in implementing of a TB pilot

Background: Family Group Practices are the first entry point into the health care system for many children in the *ZdravReform* pilot oblasts. Clinical training for health care providers in Acute Respiratory Diseases/Childhood Diarrheal Diseases (ARI/CDD) can lower the mortality in young children under age five, by increasing the competence of the providers in proper diagnosis. In addition, cost savings can be realized by keeping the patient in the primary care sector through timely diagnosis and prompt treatment, rather than later referring a much sicker child to the specialty polyclinic or infectious disease hospital.

Kazakhstan activities:

- *ZdravReform* selected an Oblast Master Trainer for Acute Respiratory Infections and Childhood Diarrheal Diseases in collaboration with the MOH and the Karaganda oblast DOH. This trainer then went to Fergana, Uzbekistan, (July 1997), to a BASICS/WHO CDD training course. She received a WHO Certificate. *ZdravReform* funded this trainer's accommodations, per diem and transport.
- Training manuals for the participants, training equipment (television and slide projector) for the Oblast ARI/CDD Center, and financial support for the subsequent trainings in the oblast were provided by *ZdravReform*. Logistical support was also given for arrangements and transportation of supplies.
- The Oblast Master Trainer was funded by *ZdravReform* in order to enable her to participate in the Supervisory Workshop for ARI/CDD (October 1997) in Zhambyl, and the Clinical Training in ARI workshop in Semipalatinsk (December 1997). In addition, a second Oblast Master Trainer for Karaganda oblast, who will be centered in Zhezkazgan city, was sent by *ZdravReform* to the Semipalatinsk training. This trainer will begin work in the FGPs in Zhezkazgan and Satpaeva cities. This delay in getting a specific trainer for Zhezkazgan was caused by the merger of the former Zhezkazgan oblast into Karaganda oblast in Spring 1997, and the subsequent sorting out of the political situation.

Results and on-going work:

- For CDD at this time, there is one Oblast Master Trainer, who trained and is now supervising five raion-level trainers. In addition, three FGP doctors and four feldshers have been trained. These numbers are fewer than originally hoped for, but the diarrheal season was already half over before the Master Trainer was trained. Next summer, she should be able to continue her work. There are participant manuals left which were given to the ARI/CDD Center, and all the training equipment is there; the effort thus will be sustainable. One of the regional trainers is from Zhezkazgan

Family Practice Association, and she should be able to continue the work in CDD training. Feedback from the participants in the CDD clinical seminars demonstrate over 97 percent agreement on the training being very useful.

- For ARI, trainings are just beginning and there are no results at this time. National level training (by WHO) was much later here than in Kyrgyzstan. To try to move that training along, *ZdravReform* is additionally sponsoring a trainer from Zhezkazgan to receive Master certification, to help the Oblast Master Trainer. We also plan on inviting the National Trainer to Zhezkazgan to assist the new raion-level ARI trainer in work in the FGPs and also to do some training sessions in the Kazak language.

Kyrgystan activities:

- *ZdravReform* selected a Master Trainer for ARI/CDD in collaboration with the MOH and the DOH of Issyk-Kul. This trainer then went to Fergana (July 1997), to a BASICS/WHO sponsored training course. She received a WHO Certificate. *ZdravReform* supplied all funding and logistics for this person.
- Training manuals for the participants, training equipment (television and slide projector) for the Oblast ARI/CDD Center, and financial support for the subsequent trainings in the oblast were provided by *ZdravReform*. Logistical support was also given for arrangements and transportation of supplies.
- UNICEF sponsored its Master Training Clinical Seminar for ARI in Issyk-Kul oblast in October. This gave the *ZdravReform* Oblast Master Trainer tremendous assistance, because Regional Master Trainers were also trained at the same time.

Results and on-going activities:

- For CDD, there is now one Oblast Master Trainer; and eight Raion Master Trainers for the raions. They trained 53 physicians, five feldshers and 10 nurses. Assessment of training showed that 93.3 percent of the participants thought that the seminars were useful. The existence of working Oral Rehydration stations (set up through UNICEF support) in all the raions was verified by the Chief Oblast Trainer.
- For ARI, as of this date, one Oblast Master Trainer, 10 Raion Master Trainers, and nearly 100 doctors and feldshers (rural health worker) have been trained. It is expected that nearly all the FGP doctors will be trained by the end of ARI season, in April, which will be a tremendous achievement. *ZdravReform* has been supporting the work of the Oblast Master Trainer (seminar support) and will also support the Raion Trainers, to ensure complete coverage
- The Oblast ARI/CDD Master Trainer will do her first supervisory circuit throughout the Issyk-Kul oblast in December to supervise the work of the Raion Trainers. Suitable monitoring and evaluation activities are still being developed.

4.3 Disseminate international/generic/brand name booklet to the FGPs

Background: Health care providers are frequently confused or ignorant of brand and international names of medications. This ignorance can cause medication errors and be costly, since the doctors may be mixing up brand and generic names or recommending only more expensive brand names. *ZdravReform* consultants in conjunction with the

Kazakstan MOH decided that a small pocket-size booklet with international drug names, therapeutic class, brand name, national drug registration status and a copy of the essential drug list would help in this problem. These booklets will be distributed to the family practitioners, family group practices and other health care providers.

Activities and results: *ZdravReform* pharmacy consultants compiled all the pharmaceutical information and developed and designed the booklet. An MOH employee edited the booklet, the MOH solicited support for the printing costs, and Lederle Laboratories generously agreed to donate the funds for printing 2,000 copies. The booklet was printed and received in October. *ZdravReform* distributed 500 copies to the FGPs in the pilot health care sites. The MOH will sell the other 1,500 copies for a nominal charge; the proceeds will support the production of further editions of the booklet in a sustainable education program. There have been very favorable comments about this booklet and demand is so high that the MOH is planning to republish in the future.

4.4 Continue monitoring formulary acceptance

Background: Formularies were developed by *ZdravReform* specialists working with local hospitals, during 1995 and 1996. These formularies are now provided as samples to other hospitals. The MOH issued a decree in February 1997 requiring all facilities to have a formulary.

Activities and results:

Kazakstan:

- A national seminar with over 500 doctors from throughout Kazakstan was held this November. *ZdravReform* attended the conference and, with the MOH, printed and distributed:
 - ◊ 500 “Manuals for Developing and Implementing Drug Formularies,” that *ZdravReform* specialists had previously written. (*ZdravReform* paid for 200; MOH paid for 300.)
 - ◊ The balance of the 4,000 Drug Information Books developed by *ZdravReform* specialists to complement the National Essential Drug List was distributed. This dissemination activity, which began with the delivery of the books at the end of December 1996, can be considered completed.
- The MOH has said that it wants a nation- and hospital-wide formulary system and there is now a decree to that effect. *ZdravReform* has given considerable support to this effort in terms of educational materials, as well as support at different seminars. This is in addition to having regular meetings with the counterpart at the MOH who now states that he understands everything, who has been active in gaining support for the formulary concept, and who continues in these efforts.

- Availability of the essential drugs is still a problem. A recently completed *ZdravReform* study demonstrated that availability of certain indicator drugs remained unchanged over a period from October 1996 to April 1997. Repeated discussions have taken place in which this consultant suggested to the MOH that it considers purchasing from European wholesalers or procurement agents, such as UNICEF, which specialize in essential generic drugs at very reasonable costs. These drugs of course are not registered here but could be admitted with their WHO certificates of quality, if the MOH wished. This would greatly increase the purchasing power of the government. However, there remains considerable personal favoritism by various government officials towards certain major drug manufacturers and wholesalers.

Kyrgyzstan:

- Pharmacists and doctors in Karakol held meetings to discuss the FGP Primary Care formulary as well as strategies for keeping these drugs available. Participants agreed to work together on ensuring availability of these primary care drugs in the pharmacies. While the FGPs do not buy or sell drugs, they do recommend which drugs to purchase. If they are committed to using a small list of effective medicines, then the pharmacies in town can improve their purchasing and stocking habits by trying to obtain those drugs.
- Family Group Practice nurses have never received any training in rational drug use, so *ZdravReform* pharmacy consultants organized a three-day seminar in Karakol for them. Both theoretical and practical information was given to 28 nurses. Feedback showed an improvement in test scores on the drug material. Also, the nurses reported that they felt the material was useful, generally new, and specifically of interest to their work. *ZdravReform* provided copies of WHO materials, which were well-received.
- In an effort to support the drug formulary system in Kyrgyzstan, *ZdravReform* partially paid for the production of a Drug Information Book, which complements the Kyrgyz national drug formulary. This book was written by a team of Kyrgyz doctors, with the assistance and financial support of WHO, and is very similar to the one produced in Kazakhstan by *ZdravReform* and the MOH.

4.5 Develop drug information book to complement primary care formulary for Karakol FGPs

Background: The primary care formulary was revised recently for the Family Practice Association. This was reintroduced to the local doctors. *ZdravReform* decided that it would be appropriate to develop a drug information booklet which could be widely distributed throughout the oblast to give publicity to this formulary as well as education on each drug.

Activities and results: A *Drug Information Book* to specifically complement the primary care formulary for the Family Practice Association of Issyk-Kul was developed by *ZdravReform* specialists. The Chair of the Pharmacology Committee at the Kyrgyz Medical Academy in Bishkek wrote the book's introduction. The book will also contain

a section on generic-brand names to increase awareness of this topic. The book will go to the printer by the end of December and is expected by January.

5.0 FUTURE ACTIVITIES AND WORKPLANS

- Implementation of the Family Planning program needs to continue. The Nurse and Midwife training component started this December will continue.
- Implementation of the Infectious Disease program needs to continue. The tuberculosis component will need special attention early in 1998. ARI trainings will continue through April. CDD trainings should be continued in summer for three more months, to make up for the delays due to unavailability of earmark funds in the summer.
- Development and implementation of health promotion campaigns for tuberculosis, family planning, ARI/CDD issues should continue in Issyk-Kul oblast.
- Rational Pharmacy Management work will continue, especially training for nurses and support for the Pharmacy-Doctors group in Karakol.

6.0 EVALUATION

Family Planning in the Family Group Practices will be monitored by use of the following indicator:

IR 3.2.2.1 Indicator: Increase in number of health providers using modern management techniques and clinical practices.

Definition: Increase in number of providers using modern family planning practices, defined as: Kazakhstan: number of family doctors trained/total number of family doctors in Zhezkazgan city and Satpaeva; Kyrgyzstan: number of family doctors trained/total number of family doctors in Issyk-Kul oblast

Output Goal: 80 percent

Infectious Diseases will be monitored by use of the following indicator:

IR 3.2.2.1: Modern management techniques and clinical practices introduced.

Indicator 1: Increase in number of providers using modern management techniques and clinical practices

Definition: Providers using modern treatment protocols for infectious diseases, defined as: Kazakhstan: number of family doctors trained/total number of family doctors in Zhezkazgan city and Satpaeva; Kyrgyzstan: number of family doctors trained/total number of family doctors in Issyk-Kul oblast.

Output goal: 20 percent by March 1998

These indicators may be revised in the next year's planning session.

7.0 OTHER ACTIVITIES

7.1 Pricing and Availability of Essential Drugs in Kazakhstan Pharmacies Survey Report⁴

The survey stemmed from previous concurrent activities related to privatization of pharmacies, and had originally been planned to compare prices between private and state pharmacies. However, the privatization proceeded so rapidly that the number of state pharmacies was insufficient for comparison purposes. The purpose of this report was to present a snapshot of the Kazakhstan pharmaceutical market during and immediately following privatization. It summarizes and analyzes the data collected over the period May 1996 to April 1997, with an emphasis on the data from October 1996 to April 1997, which was of considerably higher quality.

The results showed no real changes in prices or availability of drugs. The final conclusion is that the data would need to be collected over a much longer time period, or collected again later and compared to this data. There were lessons learned presented in the data. The report was translated and printed in its entirety in the Pharmacy Vesnik newspaper, which is distributed nationwide. There was much interest on the part of local pharmacists in this material, and it is hoped that some enterprising locals will use it as a blueprint for their own work.

7.2 Participation in Integrated Management of Childhood Illnesses (IMCI) Adaptation for Kazakhstan Seminar (December 1997)

ZdravReform was invited to participate in this seminar by WHO and the MOH. The IMCI program is geared towards primary care, using modern clinical practices and includes components on rational prescribing of drugs. Once it is adapted over the next year, it may offer tremendous potential for incorporation into the Family Group Practices training programs.

⁴ **Pricing and Availability of Essential Drugs in Kazakhstan Pharmacies**, *ZdravReform* Program, Hafner, Samyshkin, Nurgoshin, October 1997, was submitted to USAID and to Abt Associates Inc, Bethesda, and is not included in this trip report

ANNEX: PERSONS CONTACTED

Almaty:

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